

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10799593

FILED DATE

09-15-01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		2		2		
5		2		3		
6	1		1			
7		1		1		
8		1		1		
9		2		2		
10		2		3		
11		2		1		
12		2		1		
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TOTAL IND.	2		2			
TOTAL DEP.	18		16			
TOTAL CLAIMS	20		16			

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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